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Bib Data Sheet

CONFIRMATION NO. 3764

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/682,526                                                                                                                                                                                                                                                                                                                       | <b>FILING DATE</b><br>09/14/2001<br><b>RULE</b>                                                                   | <b>CLASS</b><br>713           | <b>GROUP ART UNIT</b><br>2131                                                                                                                                                                                                                                                   | <b>ATTORNEY DOCKET NO.</b><br>2000-0415 |                                |
| <b>APPLICANTS</b><br>Aviel D. Rubin, West Caldwell, NJ;                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>** CONTINUING DATA *****</b><br>THIS APPLN CLAIMS BENEFIT OF 60/232,259 09/14/2000 <i>A.S</i>                                                                                                                                                                                                                                                         |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>None A.S</i>                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/28/2001</b>                                                                                                                                                                                                                                                                               |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i><br>Verified and <i>A. Sherkat</i><br>Acknowledged <i>A.S</i><br>Examiner's Signature Initials |                                                                                                                   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>4                                                                                                                                                                                                                                                      | <b>TOTAL CLAIMS</b><br>16               | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>26652                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>TITLE</b><br>Method for secure remote backup                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                               |                                                                                                                                                                                                                                                                                 |                                         |                                |
| <b>FILING FEE RECEIVED</b><br>920                                                                                                                                                                                                                                                                                                                        | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                         |                                |